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TO:	PHONE #:	FAX #:
Commissioner for Patents		571-273-8300

From : Antoinette F. Konski
Email Address : akonski@foley.com
Sender's Direct Dial : 650-251-1129
Date : September 29, 2005
Client/Matter No : 060919-0801
User ID No : 09417

MESSAGE:

Re: U.S. Patent Application No. 10/681,418

Please find enclosed:

1. Notice of Appeal with Petition for Extension of Time from the Examiner to the Board of Patent Appeals and Interferences (2 page) (in duplicate).

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD

Title: ENZYME CATALYZED
THERAPEUTIC
COMPOUNDS

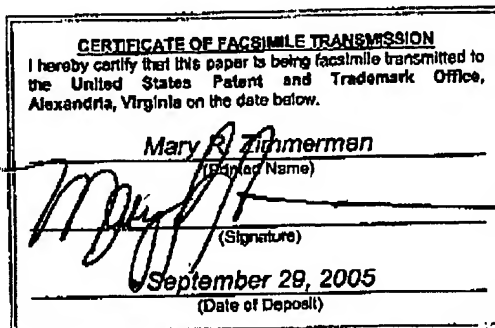
Appl. No.: 10/681,418

Filing Date: October 7, 2003

Examiner: Lawrence E. Crane

Art Unit: 1623

Confirmation
No. 7416



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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated March 30, 2005, finally rejecting Claims 53-61 and 63-93.

☒ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

-1-

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01 FC:2400 250.00 DA

SVCA_20142.1

09/30/2005 LWONDIM1 00000014 500872 10681418

02 FC:2253 510.00 DA

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$760.00
	TOTAL FEE:	\$760.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$760.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$760.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 29, 2005

By Antoinette F. Konski

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Antoinette F. Konski
 Attorney for Applicant
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